PTO/SB/01 (10-00)

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Name SEYFARTH SHAW LLP										
Name										
Address	55 E. Monroe Street, Suite 4200									
Address State ZIP										
City										
CHICAGO ILLINOIS 60603								Fax		
Country		1	Telepho	one					(312) 269 8869	
UNITED STATES	OF AMERICA		(312) 346							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOI	LE OR FIRST II	NVENT	ror:			A petition has be	een filed fo	or this (unsigned inventor	
Given Name A	or Surname									
Inventor's Signature										
Residence: Ci	tv		Stat	е					t t	
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Mailing Addre	ss BON	AGHN	ORE							
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		State	a		ZIP	P Country				
City			INTY KILI	DARE			IRELAN	ID		
RATHANGAN			NIT KILI	DARE	l					
NAME OF SE	COND INVENT	OK:				☐ A petition has	been filed	for this	s unsigned inventor	
Given Name MARIA					Family Name FARSARI or Surname					
Inventor's Signature					Date 22 9 9005					
	ity	N		State		Country			Citizenship	
Residence. Only			1	GREECE GREEK			GREEK			
HERAKLION CRETE TORLEGE										
Mailing Address 2 ND PARODOS NIK,										
Mailing Addre	ess SPATH	ARIO	U 5					-т-		
City					ZIP			Country		
HERAKLION	ony					71307 GREECE			REECE	
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto										

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PARES!

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Application Number	10/523846
Filing Date	FEBRUARY 7, 2005
First Named Inventor	BOYLE, ADRIAN
Group Art Unit	
Examiner Name	
Attorney Docket Number	

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☑ Practitioner(s) named below: Name Registration Number								
-		Name						
		TIMOTHY J I	KEEFER		35,567			
		DOUGLAS S	RUPERT		44,434			
		or agent(s) to pros nected therewith.	secute the application	identifie	d above, and to t	ransact al	l business i	n the Patent and
The abov	_	respondence add ed Customer Nur	ress for the above-ide	entified a	pplication to:			
OR							2_,,,,,	
. ⊠ Firm <i>or</i> Individua	ıl Name	SEYFARTH SH	AW LLP					44 June 2001
Address		55 E. MONROE	STREET					
Address		SUITE 4200						
City		CHICAGO		State	ILLINOIS	ZIP	60603	
Country		USA						
Telephone		+312 346 8000		Fax	+312 269 8869			
I am the: Application	ant.							
☐ Assign	ee of reco	ord of the entire in	terest. See 37 CFR 3	3.71.				
Certific	ate under	37 CFR 3.73(b) is	enclosed. (Form PT	O/SB/96).			
		SI	GNATURE of Applic	ant or A	ssignee of Reco	ord		
Name	Name XSIL TECHNOLOGY LIMITED							
Signature								
Date	62	15/10/05	. 7	· ·				
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ALITHORIZATION OF AGEN	Γ

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Examiner Name	
Attorney Docket Number	

Individual Name				Attorney D	ocket iv	iumber				$\stackrel{\textstyle \sim}{}$
Name Registration Number TIMOTHY J KEEFER 35,567 DOUGLAS S RUPERT 44,434 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.	☐ Practitions OR	ers at Cus					Number	Bar Code		
TIMOTHY J KEEFER DOUGLAS S RUPERT Ad4,434 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Refirm or Individual Name SEYFARTH SHAW LLP Address SUITE 4200 City CHICAGO State ILLINOIS ZIP 60603 Country USA Telephone +312 346 8000 Fax +312 269 8869 Lam the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record	□ Practitione	er(s) nam				Desistrat	ioa Number		7	
DOUGLAS S RUPERT A44,434 BOUGLAS S RUPERT A44,434 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR SEYFARTH SHAW LLP Individual Name SEYFARTH SHAW LLP Individual Name SITE 4200 City CHICAGO State ILLINOIS ZIP 60603 Country USA Telephone 1 am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name XSIL TECHNOLOGY LIMITED			Name		_				4	
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Address SUITE 4200 City CHICAGO State ILLINOIS ZIP 60603 Country USA Telephone +312 346 8000 Fax +312 269 8869 I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record	, 🛛 Firm <i>or</i> Individual	Name	SEYFARTH SHAW LLP			and the second s				
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Telephone +312 346 8000 Fax +312 269 8869 I am the:	City	-	CHICAGO		State	ILLINOIS	ZIP	60603		
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